

Confirmation of Submittal and Next Steps

Application Number: 118073
Head of Household Name: test test
Date of Birth: 05/04/1968
Date Submitted: 10/11/2006

An application has been submitted for the following people and programs:

- State-Aided Public Housing**
- test test

We have submitted your application for the programs listed below. You must follow the instructions below in order to complete the application process for all programs.

Program Name	Contact Information	Instructions for completing application process	Applicant Name and Verification Item
		<ul style="list-style-type: none"> The following forms must be mailed by U.S. Postal surface mail or hand delivered to each of the housing authorities to which an electronic application has been submitted: The certification statement for the electronic application summary signed under the pains and penalty of perjury by the applicant and witnessed by the Virtual Gateway Authorized User. A photo-copy of this form, including a photo-copy of the signature, is as valid as the original. Copies of all verifications in support of the electronic application including documentation in support of any request for priority or preference status. The applicant's application cannot be determined to have priority or preference status until the verifications have been received and reviewed by each Local Housing Authority (LHA). Each LHA may ask for additional information in support of the application or as verification of information contained in the application. This will be done through the U.S. Postal surface mail. Each individual LHA where the applicant has filed an application will provide, by U.S. Postal surface mail, notification of receipt, a unique control number, eligibility status, number of bedrooms, priority and preference status, estimated length of waiting time before a written unit offer is made, and appeal rights. Based on this notification the applicant 	<p>Name (Identity)</p> <ul style="list-style-type: none"> test test <p>Handicap Status</p> <ul style="list-style-type: none"> test test <p>Veteran</p> <ul style="list-style-type: none"> test test <p>Address</p> <ul style="list-style-type: none"> test test <p>Cause of Homelessness</p> <ul style="list-style-type: none"> test test <p>Self Employment Income</p> <ul style="list-style-type: none"> test test <p>Wage Income</p> <ul style="list-style-type: none"> test test <p>Income - Other</p> <ul style="list-style-type: none"> test test <p>No Income Status</p> <ul style="list-style-type: none"> test test <p>Date of Birth (Verification</p>

State-Aided Public Housing	<p>Boston HA Orient Heights 52 Chauncy Street Boston, MA 02111 Tel: 617-988-4000 Fax: 617-988-4133</p> <p>Dennis HA 167 Centre St Dennis, MA 02660 Tel: 508-394-3120 Fax: 508-760-2352</p> <p>Provincetown HA 44 Harry Kemp Way Provincetown, MA 02657 Tel: 508-487-0434 Fax: 508-487-2262</p> <p>Boston HA Archdale 52 Chauncy Street Boston, MA 02111 Tel: 617-988-4000 Fax: 617-988-4133</p>	<p>should not make plans to move into State-Aided Public Housing. This is not a unit offer.</p> <ul style="list-style-type: none"> • If the applicant disagrees with an LHA's decision, he/she can request a private conference with the LHA, then if dissatisfied can request reconsideration, and finally appeal the LHA's decision to the Department of Housing and Community Development. • The applicant will remain on the LHA waiting list until a unit of appropriate size is available for offer. • The applicant must inform each LHA applied to, in writing, of any change of address, income or household composition. • From time to time the applicant will receive a request (by U.S. Postal surface mail) from each LHA at which the applicant has applied, to update information contained in his/her application. If a response is not received by the LHA, the applicant will be removed from the LHA's waiting list. • The applicant may inquire at each LHA about the status of his/her application by calling each LHA where an application has been filed, referencing the assigned control number from that LHA. • Once the applicant's name is nearing the top of the waiting list, the LHA will notify the applicant of the need to provide updated information. If verification information is more than 90 days old, the LHA will request current verification of information contained in the application. • Provided the applicant is found eligible and qualified at final determination, the LHA will make an appropriate unit offer to the applicant based on availability of an appropriate sized unit. • The applicant will have seven (7) days to accept or reject the offer. • If, without good cause, the applicant does not accept that offer, the applicant's application will be removed from the waiting list for that housing authority; the status of the application(s) on waiting lists for State-Aided Public Housing at any other housing authorities will be changed to that of a standard applicant without any priority or preference. In the event that the applicant later reapplies to any housing authority, 	<p>needed for children 5 & under)</p> <ul style="list-style-type: none"> • test test <p>Child in Foster Care</p> <ul style="list-style-type: none"> • test test <p>Assets</p> <ul style="list-style-type: none"> • test test <p>Shelter Costs (optional, but if provided may increase your Food Stamp benefit amount)</p> <ul style="list-style-type: none"> • test test <p>Medical Expenses (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit amount)</p> <ul style="list-style-type: none"> • test test <p>Child Care or Adult Dependent Care Expenses (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit amount)</p> <ul style="list-style-type: none"> • test test <p>Child Support Payments (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit amount)</p> <ul style="list-style-type: none"> • test test <p>Tuition and Fee Expenses (for Post Secondary Education)</p> <ul style="list-style-type: none"> • test test <p>Health Insurance</p> <ul style="list-style-type: none"> • test test <p>Housekeeping or Personal Care Services</p> <ul style="list-style-type: none"> • test test <p>Full Time Student (age 18-25)</p> <ul style="list-style-type: none"> • test test
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	the applicant's new application will not receive any priority or preference to which the applicant had been entitled on the prior application for a three (3) year period.	
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Verification Item	Acceptable Verification Documents
Self Employment Income	<ul style="list-style-type: none"> • Signed copy of most recent Federal 1040 Tax Return with relevant attachments (WIC only accepts this in January) (for Housing, includes schedule C and any other schedule filed, notarized as being a true and complete copy of the filed return) • Accounting of business income and expenses for the past 12 months, signed by an accountant (or the applicant, if no accountant) if no Federal 1040 Tax Return form has been filed (not accepted by Housing) • If received salary from self-employment, provide a notarized statement for prior year's 1040, including Schedule C evidencing filed statement, four or more consecutive pay stubs if applicable, or notarized statement providing pay rate if applicable, and number of hours of overtime (for Housing only) • 1040 ES quarterly tax form within 90 days; (Not acceptable for MassHealth) • If no IRS form 1040 Tax Return has been filed or if first year of operation, an accounting of business income and expenses for the past 12 months, certified by an accountant - if no accountant, applicant must have certify accuracy (for Housing only)
Wage Income	<ul style="list-style-type: none"> • Recent Pay Stubs: <ul style="list-style-type: none"> • i. 1 from the past 30 days for WIC • ii. 2 from the past six months for MassHealth or Women's Health Network • iii. 4 within the past six weeks for Food Stamps • MassHealth and Women's Health Network will also accept the most recent Federal 1040 Tax Return if pay stubs cannot be supplied • Statement of military earnings (gross) • Letterhead statement of gross monthly or weekly earnings (Housing only accepts a statement from employer on employer's business stationary stating gross monthly or weekly earnings including pay rate, salary, overtime pay rate if applicable, and number of overtime hours) • Four or more consecutive pay stubs (for Housing only) • W-2 (for Housing only) • W-2C (for Housing only) • Commissions, fees, and bonuses, tips, 1040 and any other applicable tax forms (for Housing only)
	<p>All programs:</p> <ul style="list-style-type: none"> • Passport • Driver's License • Certificate of US citizenship • Certificate of naturalization • Military ID • School ID <p>For all programs (except MassHealth):</p> <ul style="list-style-type: none"> • Birth Certificate • Alien Registration • Original Social Security Card • Hospital Birth Record • Baptismal Certificate • Court Records • Employment Papers • Health Benefits ID • Marriage License • Voter Registration Card • Wage Stubs • Work ID • Statement from a reliable third party (for Housing, must be

Name (Identity)	<p>notarized)</p> <p>For Housing Only:</p> <ul style="list-style-type: none"> • School Records <p>MassHealth only:</p> <ul style="list-style-type: none"> • Certificate of Indian Blood or other U.S. tribal document with photo or other identifying information • A government-issued identity card containing the individual's photo or other identifying information • Military dependent's identity card • U.S. Coast Guard Merchant Mariner card • For children under 16: <ul style="list-style-type: none"> • School ID (including the individual's photo) • Military ID (including the individual's photo) • A record showing date and place of birth and parent's name from one of the following sources: <ul style="list-style-type: none"> ○ School ○ Clinic, Doctor, or Hospital ○ Day-Care or Nursery School • Parental or guardian affidavit attesting to the child's date and place of birth (cannot be used if an affidavit for citizenship was provided)
Handicap Status	<ul style="list-style-type: none"> • Certification by a physician that you are handicapped (physical or mental impairment); the handicap must be other than a history of alcohol and or drug abuse, and is expected to be a long and indefinite period of time lasting at least six months.
Veteran	<ul style="list-style-type: none"> • If Veteran, copy of DD214 • If spouse, copy of DD214 and Marriage Certificate • If surviving spouse, copy of DD214 and Death Certificate • If dependent parent, child, or divorced spouse with a dependent child of a veteran, copy of DD214 and copy of tax form showing you are a dependent and if applicable Divorce Decree
Income - Other	<ul style="list-style-type: none"> • All Types: Most recent Federal 1040 Tax Return Form with any attachments - not accepted by DTA • Child Support or Alimony: Signed statement indicating amount of child support, photocopy of court order (not accepted by DTA), copies of checks, child support verification from DOR • Separate Support: Verification of terms of support agreement, i.e. court documents (for Housing only) • Income from investments and trust income: Most recent Federal 1040 Tax Return or year-end financial statement • Pension or Annuities: Photocopy of award letter or check stubs or direct deposit statement • Public Assistance: EAEDC, RRP or TAFDC - photocopy of the check or direct deposit statement (not accepted by Housing) • Rental income: Copy of lease agreement (or for Housing, 1040 with schedule E), canceled check, or statement from tenant showing amount of rent paid, mortgage statement showing principal and interest, tax bill, owner's insurance, water, and sewerage bills. • For MassHealth: For PERSONS AGED 65 or older who are not required to file annual income tax returns may submit rental income verifications allowing MassHealth to determine net rental income. Suggested verifications can be: Copy of lease agreement, canceled check, or statement from tenant showing amount of rent paid, mortgage statement showing principal and interest, tax bill, owner's insurance, water, and sewerage bills. • For PERSONS under the age of 65, rental income is verified via most recent Federal 1040 Tax Return. • Unemployment Compensation: copy of check (not accepted by Housing) • Veteran Benefits: copy of check (not accepted by Housing) • Worker's compensation: copy of check (not accepted by Housing) or benefit award letter • Public Assistance: EAEDC, RRP or TAFDC - copy of award letter (for Housing only) • Unemployment Compensation: copy of benefits letter (for Housing

	only) <ul style="list-style-type: none"> • Veteran Benefits: copy of benefits letter (for Housing only) • Gambling or Lottery Winnings: tax forms 1099-g, K-1, and any other applicable tax reporting form (for Housing only) • Regularly Recurring Contributions or Gifts: Notarized statement providing amount and frequency, Notarized letter from the source of the contribution or gift, copy of checks received (for Housing only) • Capital Gain: Statement of taxable capital gain, 1099-S, and any applicable tax reporting forms (for Housing only) • Statement from DSS identifying child and amount for Foster Care (for Housing only)
Health Insurance	<ul style="list-style-type: none"> • Copies of both sides of all health insurance cards • For Housing only, copy of health insurance bill and cancelled checks
Assets	<ul style="list-style-type: none"> • Annuities: Copies of all annuity contracts and statement from the annuity company showing value and costs of converting to a lump sum; • Bank accounts: Copies of bankbooks, bank statements, money market accounts, certificates of deposit, or other financial statements that show a current balance (within 45 days); • Investments: Copies of statements from financial institutions verifying current value and copies of stocks, bonds (including savings bonds), mutual funds, promissory notes, certificates, trust funds, pension and retirement accounts; • Life Insurance: Copies of the first page of all life insurance policies. Also, (except for term insurance policies), for persons with face value of life insurance that totals more than \$1500 per person, need a letter from the insurance company showing the current cash surrender value (not applicable for Housing); • Burial/Funeral Plans and Accounts: Copies of burial/funeral insurance policies, contracts, and accounts (not applicable for Housing); • Motor Vehicles/Mobile Homes/Boat: Title or registration, loan agreements, bill of sale for mobile home/boat; • Real Estate/Property: [other than business]: Copy of deed, most recent tax bill; • Real Estate/Property [Business]: Most recent federal tax return and all attachments • Real Estate/Property: [Other Than Business]: Appraisal or Certified Market Analysis by third party broker mortgage statement (for Housing only) • Real Estate/Property Sale within the past two (2) years: Copy of purchase and sale agreement, settle-up documents of sale, appraisal or certified market analysis by third party broker, 1099-S (for Housing only)
Address	<ul style="list-style-type: none"> • Current Utility bill • i. 60 days within application date for MassHealth • ii. 45 days within application date for Food Stamps • iii. 30 days within application date for WIC • Landlord verification or lease agreement if renting • Drivers license • Paycheck with address • If house is owned: deed, taxes, and insurance or other evidence of ownership • If homeless: collateral contact with another person who can verify where assessed person lives(not applicable for Housing) • Postal service records • State ID (for Housing only) • Voter Registration (for Housing only) • Car Registration (for Housing only) • Written Statement from Shelter provider (for Housing only)
	<p>Explanation for cause of homelessness was requested as part of the application If you have additional information you would like to submit, please include a written statement with the verifications you are mailing or delivering to each Local Housing Authority at which you applied.Homeless or is imminently faced with displacement from the applicant's "primary residence" through no fault of the</p>

Cause of Homelessness	<p>applicant or members of applicant's household:</p> <ul style="list-style-type: none"> • Homeless, Displaced By Natural Forces: rent receipts, copy of your lease or rental agreement, copy of the Official Fire Report - if fire (report must be attested as a true copy), copy of official report from the Red Cross or Federal Disaster Agency (FEMA) - if flood/earthquake (report must be attested as a true copy) • Homeless, Displaced By Public Action (Urban Renewal): rent receipts, copy of your lease or rental agreement, copy of the official notification of land/property taking and the stated purposes thereof from the public agency involved (notification should include legislation authority exercised and date of displacement) • Homeless, Displaced By Public Action (Code Enforcement): rent receipts, copy of your lease or rental agreement, copy of the official order of displacement due to code enforcement (document may be known as Declaration of Condemnation and should include the specific property involved), a statement of efforts taken by you (the applicant) to remedy the situation prior to the actual condemnation and subsequent to the condemnation, attach documents to demonstrate your action(s) (e.g. letters to the landlord, previous board of health notices, or court records) • Homeless through no fault of applicant or members of applicant's household: -No-fault: if you are homeless and living in a hotel, motel, or shelter, your housing search worker or a shelter staff member must send written justification which certifies your homelessness directly to the Housing Authority (substandard housing conditions must be verified as indicated in Displaced by Public Action (Code Enforcement)) • Severe Medical: medical records (your doctor needs to submit written certification of your medical condition, the contributing factors to that condition, and the prognosis of your condition) • Abuse: needs to be documented through some combination of the following, based on the applicant's individual circumstances. Since certain actions on the part of victims of domestic violence can trigger violent acts by the offenders, no particular item can be mandated as the required form of verification. Please note that if any verification appears vague, an LHA must obtain additional documentation until the LHA feels that a reasonable showing of the abusive situation has been made. Examples of documentation could include one or more of the following: medical incidences, police report(s), court reports, applicant has obtained or has attempted to get restraining order, applicant has filed charges against accused, legal action, letter from attorney or director, social service agency stating case, evidence of counseling, psychological report, last permanent address, changed address
No Income Status	<ul style="list-style-type: none"> • Benefactor Letter
Date of Birth (Verification needed for children 5 & under)	<ul style="list-style-type: none"> • Birth certificate • Passport • Hospital Discharge Papers (for an infant) • MassHealth POS verification with DOB
Child in Foster Care	<ul style="list-style-type: none"> • DSS verification
Shelter Costs (optional, but if provided may increase your Food Stamp benefit amount)	<ul style="list-style-type: none"> • Rent receipt or lease agreement if renting • If the house is owned: Mortgage statement, taxes, or insurance bills
Medical Expenses (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit amount)	<ul style="list-style-type: none"> • Co-payments or premiums on: health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs (not accepted for Housing), or transportation that you pay for to get medical services (for Housing, only payment of transportation costs if no other transportation is available and only the amount over the least expensive transportation)
Child Care or Adult Dependent Care Expenses (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit)	<ul style="list-style-type: none"> • Written statement from child care provider (for Housing, must be notarized) • Cancelled check or money order paid to child care provider (for Housing, only allowed if care allows employment of a household member)

amount)	
Child Support Payments (optional for all programs EXCEPT Housing, but if provided may increase your Food Stamp benefit amount)	<ul style="list-style-type: none"> • Proof of legal obligation to make the payment and amount paid
Tuition and Fee Expenses (for Post Secondary Education)	<ul style="list-style-type: none"> • Copy of paid bill • Copy of bill and cancelled check(s) for payment
Full Time Student (age 18- 25)	<ul style="list-style-type: none"> • Bursar's statement, Dean's statement, or evidence of bill and receipt, showing that person is carrying the equivalent of a full time course load for a day time student
Housekeeping or Personal Care Services	<ul style="list-style-type: none"> • Copy of agreement and cancelled checks for the care of a sick or incapacitated household member with a disability, who as a result of the disability is physically unable to perform the housekeeping or personal care services, provided that no household member is reasonably available to perform these services • Copy of agreement and cancelled checks for the care of child(ren) or a sick or incapacitated household member provided such care have been determined necessary for the employment of another household member who would otherwise have provided the care